

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

*57794*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	<i>3</i>					
TOTAL DEP.	<i>21</i>					
TOTAL CLAIMS	<i>24</i>					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72	<i>1</i>					
73		<i>1</i>				
74		<i>1</i>				
75		<i>1</i>				
76		<i>1</i>				
77		<i>1</i>				
78		<i>1</i>				
79		<i>1</i>				
80		<i>1</i>				
81		<i>1</i>				
82	<i>1</i>					
83		<i>1</i>				
84		<i>1</i>				
85		<i>2</i>				
86	<i>1</i>					
87		<i>1</i>				
88		<i>1</i>				
89		<i>1</i>				
90		<i>1</i>				
91		<i>1</i>				
92		<i>1</i>				
93		<i>1</i>				
94		<i>1</i>				
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						